Lease Proposal Form

TR. 17-09-903 DOC DRC/CRC Washington

TO: State of Tennessee Real Estate Asset Management William R. Snodgrass / Tennessee Tower 3rd Floor, 312 Rosa L. Parks Avenue Nashville, Tennessee 37243-1102

RFP.coordinator@tn.gov

LEASE PROPOSAL FORM

Agency, Office Name:	Department of Correction (DOC) CRC/DRC		
	Training and Resource Center		
Principal Use			
Office/Warehouse/Other:	Office		
Transaction Number:	TR: 17-09-903		

I hereby offer to lease space to the State of Tennessee the space offered is identified and described as follows (Address of proposed space should be the 911 Emergency Address):

Name of Building			_
911 Street Address			<u>_</u>
City:	Zip Code:		
Building is located o	in.		
-	and Parcel #		
Deed to this proper	ty is registered in:		
County	Deed Book #	Page	
(This information m	ay be obtained at the County I	Register's Office	and/or Tax Assessor's Office
Owner's Name:			
Owner's Address:			
Owner's Form of Bu	siness:		
Owner's Telephone	Number:		
Owner's E-Mail:			

	<u>Offered</u>	<u>Alternates</u>
		Proposed
Parking Requirements	Spaces Total Staff DOS	
	Describe (reserved, unreserved, fenced, etc):	
	The parking provided shall include handicap parking to meet the relevant code requirements.	
Usable & Rentable	USF	
Contiguous Square Footage	RSF	
eegaeaa equae a comge	Proposals with square footages having a 10% deviation up will not be considered an alternate. The State intends "contiguous" to mean space that is adjacent including floors below or above. The actual square footage will be determined by programming and space planning.	
Special Buildout or Other	g.	
Specifications		
Specifications		
Term Length		
Commencement Date		
Termination Options		
Rent/SF	Annual rate \$	
	Monthly rate \$	
	Base Rate per square foot \$	
Utility, Services and Other	Full Service or	
Costs	Modified Gross	
	Includes: Janitorial Utilities	

1.	I, the proposer,	, acknowledge k	by my signature that:
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2.

Address

a.	I have received, read and understand the Lease Proposal Request and Pro Forma Lease;		
b.	That my lease proposal is made in accordance therewith or that any exceptions to terms, conditions and specifications are fully stated below or included in a redlined Forma Lease. All exceptions, including those to Exhibit D, must be stated clearly precisely. (If additional space is required, please attach additional page and refeltem 1.b.);		
c.	I understand the terms and conditions set forth those desired by the State;		
d.	I understand the State reserves the right to reject any and all proposals and to waive any informality in any proposal;		
e.	I understand all applicable codes must be complied with in the State's space or as required for access to or use of State space;		
f.	I will hold my lease proposal open for a period of one hundred twenty calendar days from the date of the proposal submittal deadline;		
g.	I will enter into and execute a lease, if offered, on the basis of this lease proposal and complete and sign a Supplier Direct Deposit Authorization Form and IRS W-9 Form in accordance with section 2 of Exhibit A of the Pro Forma Lease.		
h.	I will permit the State to audit the proposed net rentable area to verify the accuracy of the submitted floor plan.		
i.	I understand buildout services may be required if I am the successful proposer and that my design team will work with a Real Estate Asset Management Facilities Planner prior to any expenditure for these services in accordance with section 20 of the Exhibit A or the Pro Forma Lease.		
j.	I understand that I will be required to provide a CADD File of the proposed space within 30 days of the lease execution.		
	uired by T.C.A. Section 12-2-114, the names of any and all persons financially interested lease are as follows:		
Name			
Teleph	none Number		

	Name	
	Felephone Number	
	Address	
	Name	
	Telephone Number	
	Address	
	Name	
	Felephone Number	
	Address	
		
3.	required the following attachments are submitted with and made a part of this lease propos	al:
	() Floor Plan of space proposed (1/8" = 1 foot scale)	
	() Photographs of the building and site	
	() Utility and telecommunication service information () Site location map	
4.	Proposers are further encouraged to submit any other supporting materials such as plan maps, photos, etc. which they feel might be useful to the State in understanding and evaluati	
	their proposal.	пg
5.	Proposal must be signed by a person or persons authorized to bind the Owner to a contra	ct.
	to complete this Lease Proposal Form may be cause for rejection of the lease proposal.	
	Conflict of Interest Disclosure: By signing below, the Proposer acknowledges, understands, a hat any lease shall be null and void if the Proposer or Owner is, or within the past six mont	hs
	n, an employee of the State of Tennessee or if the Proposer or Owner is an entity in which ing interest is held by an individual who is, or within the past six months has been, an employ	
	tate of Tennessee.	-
7.	Name & Title of Proposer:	
	Proposer's Address:	

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	Form of Business:			
	Proposer's Telephone N			
	Proposer's Fax Number			
	Proposer's E-Mail:			
	Signature of Proposer: _ Date:			
8.	Conflict of Interest Disclosure			
Propo Propo	ser is, or within the past s	six months has been, a controlling interest is	s that any lease shall be null a in employee of the State of To held by an individual who is, ssee.	ennessee or if the
 SIGNA	TURE	DATE	PRINTED NAME	